

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED SEP 15 1941

Registration District No. 48

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5072

Registrar's No.

1. PLACE OF DEATH:

(a) County Bates Homer Twp.
(b) City or town Amoret Mo.
(c) Name of hospital or institution: V.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 years (Specify whether years, months or days)
In this community 60 years

3. (a) PRINT FULL NAME

James R. Heath

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive 14 years (Day) (Year)

7. Birth date of deceased June (Month)

14 (Day) 1851 (Year)

8. AGE:

Years 90 Months 2 Days 20 If less than one day hr. min.

9. Birthplace Brown County Indiana (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name William Heath

13. Birthplace Amoret Mo. (City, town, or county) (State or foreign country)

14. Maiden name William Heath

15. Birthplace Amoret Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Heath

(b) Address Amoret Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Sept 7-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Ridgeland Cemetery

18. (a) Signature of funeral director R. A. Lusk

(b) Address Amoret Mo.

19. (a) 9/15-1941 (Date received local registrar)

(b) Miss Carl Hall (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Amoret Mo - Rural (If outside city or town limits, write "RURAL")
(d) Street No. ✓ (If rural, give location)
(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4 year 1941 hour 5 minute 17 M.

21. I hereby certify that I attended the deceased from Aug 24, 1941 to Sept 3, 1941; that I last saw him alive on Sept 3, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis

Due to Chronic Interstitial Nephritis

Due to Farcoma of St. grip.

Other conditions (Include pregnancy within 3 months of death) 55C

Major findings: Of operations 55C

Of autopsy 55C

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 55C

(b) Date of occurrence 55C

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. A. Lusk (M.D. or other)

Address Butler Mo. Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 9-41-1648

Date Filed 9-10-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
~~working under my personal supervision.~~

Signed.....

W. P. Torrey

Licensed Embalmer No. 3441

P. O. Address Pleasanton, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

STANDARD CERTIFICATE OF DEATH

State File No. 27758

Registration District No. 48

Primary Registration District No. 5072

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Bates
(b) City or town Amoret
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location) _____

- (d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 years 21 yrs
years, months or days)

3. (a) PRINT FULL NAME JAMES R. HEAL

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased (Month) (Day) (Year) _____

8. AGE: Years Months Days If less than one day _____ min.

9. Birthplace (City, town, or county) (State or foreign country) _____

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace (City, town, or county) (State or foreign country) _____

14. Maiden name _____

15. Birthplace (City, town, or county) (State or foreign country) _____

16. (a) Informant _____

- (b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year) _____

- (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

- (b) Address _____

19. (a) 10/2 1941 (b) Mrs. Carl Hall
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Bates
(c) City or town Amoret - Rural
(If outside city or town limits, write "RURAL")

- (d) Street No. _____ (If rural, give location) _____

- (e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____

- Due to _____

- Due to _____

- Other conditions (Include pregnancy within 3 months of death) _____

- Major findings: Of operations _____

- Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____

- (b) Date of occurrence _____

- (c) Where did injury occur? (City or town) (County) (State) _____

- (b) Did injury occur in or about home, on farm, in industrial place, in public place? _____

- While at work? (Specify type of place) (c) Means of injury _____

23. Signature _____ (M. D. or other) _____

- Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

